



CITY OF BEDFORD HEIGHTS
EMPLOYMENT APPLICATION
FLETCHER D. BERGER, MAYOR

Pre-Employment Questionnaire
An Equal Opportunity Employer

PERSONAL INFORMATION

Name (Last, First)		Social Security No.		
Present Address	Apt. No	City	State	Zip
Email Address		Home Phone Number: Cell Phone Number:		
Are you 18 Years or older? Yes <input type="checkbox"/> No <input type="checkbox"/>		Do you hold an Ohio Drivers License? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list _____		

DESIRED EMPLOYMENT

Position	Date you can start	Salary desired
Are you currently employed? Yes <input type="checkbox"/> No <input type="checkbox"/>	If so may we inquire of your present employer? <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes after	
Ever applied with this city before? <input type="checkbox"/> Yes <input type="checkbox"/> No	Department?	When?
Ever worked for this city before? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Seasonal	Department?	When?
Reason for leaving:		
Name of last supervisor at this city		
How were you referred to this city? <input type="checkbox"/> City Newsletter <input type="checkbox"/> Newspaper Advertising (which) _____ <input type="checkbox"/> Friend _____ <input type="checkbox"/> Employment Office <input type="checkbox"/> College Placement Service <input type="checkbox"/> Walk in/Bulletin Board <input type="checkbox"/> Other		
Desire work that is: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Seasonal		

EDUCATION

School Level	Name and Location of School	No. of Years Attended	Did you Graduate?	Subjects Studied
High School				
College				
Trade, Business or Correspondence School				

FORMER EMPLOYERS

LIST BELOW LAST THREE EMPLOYERS, STARTING WITH THE MOST RECENT ONE FIRST.

Name of present or last employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title	Phone	
Description of work				
Reason for leaving				

Name of present or last employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title	Phone	
Description of work				
Reason for leaving				

Name of present or last employer				
Address		City	State	Zip
Starting Date	Leaving Date	Job Title		
Weekly Starting Salary	Weekly Final Salary	May we contact your supervisor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name of Supervisor		Title	Phone	
Description of work				
Reason for leaving				

REFERENCES

BELOW, GIVE THE NAMES OF THREE PERSONS YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	NAME	ADDRESS/CITY	PHONE	YEARS ACQUAINTED	TYPE OF REFERENCE: social or co-worker
1					
2					
3					

PERSONAL HIGHLIGHTS

PLEASE NOTE ANY SPECIAL AWARDS, HONORS, ETC. YOU WANT US TO KNOW ABOUT

SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE RANK

HAVE YOU BEEN CONVICTED OF A FELONY WITHIN THE LAST 5 YEARS?

☐ YES

☐ NO

IF YES, EXPLAIN. (WILL NOT NECESSARILY EXCLUDE YOU FROM CONSIDERATION)

AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE CITY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE CITY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY THE MAYOR."

SIGNATURE

DATE

STATE OF OHIO
CUYAHOGA COUNTY, SS:

Sworn to and subscribed in my presence this _____ day of _____

Signature of Notary Public

DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY

INTERVIEWED BY:	DATE
COMMENTS	
NEED MODIFICATION <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY) Driver's License/Photo I. D. checked <input type="checkbox"/>	

INTERVIEWED BY:	
COMMENTS	
NEED MODIFICATION <input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY)	

BACKGROUND CHECK

REPORTED BY:	DATE
<input type="checkbox"/> RECOMMENDED <input type="checkbox"/> NOT RECOMMENDED	
POLYGRAPH <input type="checkbox"/> NOT REQUIRED <input type="checkbox"/> PASSED ON _____ <input type="checkbox"/> DID NOT PASS	
SIGNIFICANT CONCERNS	

HIRED (DATE) FOR DEPT.	FOR POSITION
SALARY WAGES	WILL REPORT
APPROVED 1	MAYOR
APPROVED 2	DEPARTMENT HEAD
APPROVED 3	FINANCE DEPARTMENT

Applications after hiring are kept in personnel files in payroll office. Applications of those not hired are filed with the Department Heads.